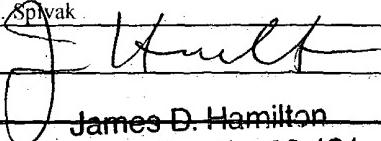


UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 240193US2 First Inventor or Application Identifier Tamio IKEHASHI, et al. Title SEMICONDUCTOR MEMORY DEVICE	
		Assignee Name: KABUSHIKI KAISHA TOSHIBA Assignee Address: 1-1, Shibaura 1-chome, Minato-ku, Tokyo 105-8001, JAPAN	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		ACCOMPANYING APPLICATION PARTS	
2. <input checked="" type="checkbox"/> Specification Total Sheets 26		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 12		8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
4. <input type="checkbox"/> Oath or Declaration Total Pages <ol style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small> <ol style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small> 		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		10. <input type="checkbox"/> English Translation Document (if applicable)	
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ol style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : <ol style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: _____		Prior application information: Examiner: _____ Group Art Unit: _____	
<small>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small>			
18. Amend the specification by inserting before the first line the sentence: <input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) <small>of application Serial No. _____ Filed on _____</small> <input type="checkbox"/> This application claims priority of provisional application Serial No. _____ Filed _____			
19. CORRESPONDENCE ADDRESS  22850 (703) 413-3000 FACSIMILE: (703) 413-2220			

Name:	Marvin J. Spivak	Registration No.:	24,913
Signature:			Date: 7-11-03
Name:	James D. Hamilton	Registration No.:	

Registration No. 28,421

Docket No. 240193US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Tamio IKEHASHI, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: SEMICONDUCTOR MEMORY DEVICE

FEE TRANSMITTAL

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FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	16 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
			BASIC FEE	\$750.00
			TOTAL OF ABOVE CALCULATIONS	\$880.00
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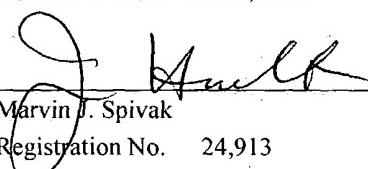
- Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.
 A check in the amount of **\$880.00** to cover the filing fee is enclosed.
 The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.
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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Marvin J. Spivak

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James D. Hamilton
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Date: 7-11-03



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